

Pre-Registration Form

AFL Grant Writing Technical Workshops

The Office of Adolescent Pregnancy Programs (OAPP) has scheduled a series of technical assistance workshops to help prospective applicants with this particular funding opportunity. At each of the one-day workshops, the public will be able to learn more about the purposes and requirements of the Title XX program, how to apply for funds under this program announcement, program eligibility requirements, the application selection process, and considerations that might help to improve the quality of grant applications. These workshops are offered at no cost.

All participants **MUST** pre-register using the attached form. You may also obtain a registration form from the OAPP website at <http://opa.osophs.dhhs.gov>. Each registered participant will be notified via fax or e-mail of the exact workshop locations and logistical information upon receipt of the completed registration form.

INSTRUCTIONS:

Each participant must pre-register by completing the attached form and returning it to OAPP by fax at (301) 594-5981 or email at oapp@osophs.dhhs.gov

Registrations **MUST** be received no less than **72 hours prior** to the workshop you will attend.

There is no limit to the number of participants from each organization that may attend these training opportunities. However, **EACH** attendee must complete a registration form for their preferred training location and date.

Workshop times are tentatively set from 9:00 a.m. - 3:00 p.m.

Workshop Dates and Locations:

February 28, 2005- Alexandria, VA
March 01, 2005- Albuquerque, NM
March 02, 2005- Nashville, TN

March 03, 2005- Kansas City, MO
March 03, 2005- Portland, OR
March 04, 2005- Detroit, MI

Address and logistical information will be faxed or e-mailed back to you upon receipt of your Registration. If you experience difficulties registering, please call (301) 594-4004 for assistance.

Pre-Registration Form
AFL Grant Writing Technical Workshops
(Please Print)

Participant Name: _____

Organization: _____

Address: _____

Phone: _____

Fax Number: _____

E-mail Address: _____

Type of Organization: (please check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> State Government | <input type="checkbox"/> Local Government | <input type="checkbox"/> Indian Tribal |
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> College/University | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> CBO | <input type="checkbox"/> Other (Specify): _____ | |

Please indicate the training location of your choice by checking the appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> Alexandria, VA | <input type="checkbox"/> Kansas City, MO |
| <input type="checkbox"/> Portland, OR | <input type="checkbox"/> Detroit, MI |
| <input type="checkbox"/> Nashville, TN | <input type="checkbox"/> Albuquerque, NM |

NOTE: If you have a disability that requires special accommodations, please check here:

☐ (We will contact you directly to discuss your needs.)

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